

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:

01 - 27

2. STATE
NC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

~~March 1, 2001~~ October 1, 2001 *

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.40

7. FEDERAL BUDGET IMPACT:

a. FFY \$ 0
b. FFY \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-C; Attachment 3.1-A.1, Page 15a.3-
Page 15a.4;**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Text Page 24 and 59; Attachment 4.19-C

10. SUBJECT OF AMENDMENT:

Therapeutic Leave

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Not Required

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Carmen Hooker Buell

13. TYPED NAME:

Carmen Hooker Buell

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 20, 2001

16. RETURN TO:

**Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 27, 2001

18. DATE APPROVED:

March 22, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

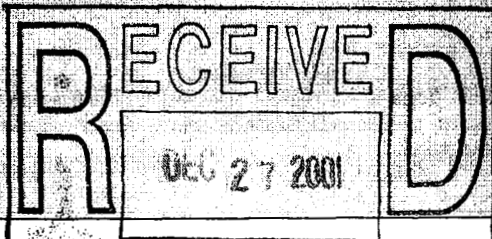
Eugene A. Grasser
**Associate Regional Administrator
Division of Medicaid and State Operations**

21. TYPED NAME:

Eugene A. Grasser

23. REMARKS:

*** State Agency authorized "pen and ink" change to Proposed Effective Date.**



**DIVISION OF MEDICAID & STATE OPERATIONS
REGION IV**

II. Therapeutic Leave for Psychiatric Residential Treatment Facilities (PRTF) and Levels II-IV Residential Facilities:

- (a) Each Medicaid eligible consumer who is occupying a Level II, Level III, or Level IV Residential Facility bed for which the North Carolina Medicaid Program is then paying reimbursement shall be entitled to take up to 45 days of therapeutic leave in any calendar year from any such bed without the facility in which the bed is located suffering any loss of reimbursement during the period of leave. Therapeutic leave is also limited to no more than 15 days within one calendar quarter (three months).
- (b) The taking of such leave must be for therapeutic purposes only, and must be agreed upon by the consumer's treatment team. The necessity for such leave and the expectations involved in such leave shall be documented in the consumer's treatment/habilitation plan and the therapeutic justification for each instance of such leave entered into the consumer's record maintained at the Residential Facility's site.
- (c) Therapeutic leave shall be defined as the absence of a consumer from the residential facility overnight, with the expectation of return, to participate in a medically acceptable therapeutic or rehabilitative facility as agreed upon by the treatment team and documented on the treatment/habilitation plan.
- (d) Facilities must reserve a therapeutically absent consumer's bed for him, and are prohibited from deriving any Medicaid revenue for that consumer other than the reimbursement for that bed during the period of absence. Facilities shall be reimbursed at their full current Medicaid bed rate for a bed reserved due to therapeutic leave. Facilities shall not be reimbursed for therapeutic leave days taken which exceed the legal limit.
- (e) No more than 5 consecutive days may be taken without the approval of the consumer's treatment team.
- (f) Facilities must keep a cumulative record of therapeutic leave days taken by each consumer for reference and audit purposes. In addition, consumers on therapeutic leave must be noted as such on the facility's midnight census. Facilities shall bill Medicaid for approved therapeutic leave days as regular residence days.
- (g) The official record of therapeutic leave days taken for each patient shall be maintained by the State or its agent.
- (h) Therapeutic leave is not applicable in cases when the therapeutic leave is for the purpose of receiving inpatient services or any other Medicaid-covered service in the facility of current residence or in another facility. Therapeutic leave cannot be paid when Medicaid is paying for any other 24 hour service.
- (i) Transportation from a facility to the site of therapeutic leave is not considered to be an emergency; therefore, ambulance service for this purpose shall not be reimbursed by Medicaid.

THERAPEUTIC LEAVE

I. Therapeutic Leave for Nursing Facilities and Intermediate Care for the Mentally Retarded (ICF-MR):

(a) Each Medicaid eligible patient who is occupying a Nursing Facility (NF) bed or an Intermediate Care for the Mentally Retarded (ICF-MR) bed for which the North Carolina Medicaid Program is then paying reimbursement shall be entitled to take up to 60 days of therapeutic leave in any calendar year from any such bed without the facility in which the bed is located suffering any loss of reimbursement during the period of leave.

(b) The taking of such leave must be for therapeutic purposes only, and must be ordered by the patient's attending physician. The necessity for such leave shall be documented in the patient's plan of care and therapeutic justification for each instance of such leave entered into the patient's medical record.

(c) Facilities must reserve a therapeutically absent patient's bed for him, and are prohibited from deriving any Medicaid revenue for that patient other than the reimbursement for that bed during the period of absence. Facilities shall be reimbursed at their full current Medicaid bed rate for a bed reserved due to therapeutic leave. Facilities shall not be reimbursed for therapeutic leave days taken which exceed the legal limit.

(d) No more than 15 consecutive therapeutic leave days may be taken without approval of the Division of Medical Assistance.

(e) The therapeutic justification for such absence shall be subject to review by the State or its agent during scheduled on-site medical reviews.

(f) Facilities must keep a cumulative record of therapeutic leave days taken by each patient for reference and audit purposes. In addition, patients on therapeutic leave must be noted as such on the facility's midnight census. Facilities shall bill Medicaid for approved therapeutic leave days as regular residence days.

(g) The official record of therapeutic leave days taken for each patient shall be maintained by the State or its agent.

(h) Entitlement to therapeutic leave is not applicable in cases when the therapeutic leave is for the purpose of receiving either inpatient or nursing services provided either elsewhere or at a different level of care in the facility of current residence when such services are or will be paid for by Medicaid.

(i) Transportation from a facility to the site of therapeutic leave is not considered to be an emergency; therefore, ambulance service for this purpose shall not be reimbursed by Medicaid.

TN. No. 01-27

Supersedes

TN. No. NEW

Approval Date MAR 22 2002

10/01/01
Eff. Date 03/01/01

Revision: HCFA-PM-93-8 (BPD)
December 1993

State/Territory: North Carolina

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary Transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483-10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c)(8)(i).

42 CFR 447.40 (c)(3) Therapeutic Leave

Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

X Yes. The State's policy is described in
ATTACHMENT 3.1-A.1

 No.

TN No. 01-27
Supersedes
TN No. 94-03

Approval Date MAR 22 2002 Effective Date ^{10/01/01}~~03/01/01~~